



DENTAL CONTRACT APPLICATION FOR GROUP

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a deceptive statement is guilty of insurance fraud.

I. Company Name _____
Address _____ Phone (____) _____
City _____ State _____ Zip Code _____

II. Type of Coverage: Employee Only or Employee and Family
Total number of eligible* employees _____
*Eligible employees are all employees working full-time (30 hours or more per week). Coverage for new employees becomes effective the first day of the month following the employer's probationary period.

III. Contract Effective Date Requested: _____ 1, _____
Does your company currently have a dental plan? No Yes (Name of carrier) _____
(Attach copy of most recent billing statement.)
Do your employees currently have a dental program with orthodontic coverage? Yes No

IV. Dental Program Benefits:
Plan Requested _____

V. Subscriber Remittance — The initial monthly remittance must accompany the application. Thereafter, monthly billings and appropriate remittance must be received by Central Reserve Life on the first of each month. Additions or deletions will occur at the beginning of each calendar month. Instructions:
1. Complete application.
2. Have employees complete enrollment cards.
3. Send the original application, completed enrollment cards, and the initial remittance to: Central Reserve Life at the address shown above.
4. Central Reserve Life will return a contract upon acceptance of the application. The contract will indicate the effective date of coverage.

VI. Agent of Record (if any)
Name _____ Agency _____
Address _____ Phone (____) _____
City _____ State _____ Zip Code _____

(Agent Signature) Licensed Resident Agent I.D No. Social Security or IRS No.

VII. Group Subscriber
By signing below, I verify that item II above is correct and that the eligible employees are in fact employed by my company, and agree to provide substantiating evidence when requested. I understand that should at any time my eligible employees number less than five for three consecutive months, this contract is null and void in accordance with certificate form provision entitled Termination by the Policyholder or Company.

VIII. The Contract is effective only after Central Reserve Life has accepted this application and returned a contract to the group. The group subscriber's signature does not cause the application to become effective as a contract. Any misrepresentations of submitted data will cause the contract, if issued, to be null and void.

Signature Date

Type Name and Title

Administrator's Name (Please print)

Administrator's Title (Please print)